Introduced by Senator Aanestad

February 21, 2003

An act to add Section 14079.8 to the Welfare and Institutions Code, relating to Medi-Cal. An act to add Chapter 3.5 (commencing with Section 127610) to Part 2 of Division 107 of the Health and Safety Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

SB 827, as amended, Aanestad. Medi-Cal reimbursement rates Health care providers: billing procedures.

Existing law requires the Office of Statewide Health Planning and Development, in consultation with specified state officers and agencies, to adopt a California uniform billing form format for professional health care services and a California uniform billing form format for institutional provider services, for use by health care providers when an insurance carrier provides coverage for these services. Existing law requires the State Department of Health Services to adopt the California uniform billing form formats for use in all health care payment programs it administers.

This bill would additionally require a health care provider, as defined, that submits a bill for medical services to a patient to ensure that the bill includes an itemized list of all charges that is understandable at the 8th grade reading level.

Existing law requires the State Director of Health Services to annually review the reimbursement levels for physician and dental services under Medi-Cal, taking into account various factors, including, but not limited to, physician reimbursement levels of Medicare, Blue **SB 827 —2—**

Shield, and other 3rd-party payors. Existing law requires the director to annually review and revise periodically the rates of reimbursement to physicians and dentists under the Medi-Cal program to ensure the reasonable access of Medi-Cal beneficiaries to physician and dental services.

This bill would require the director, in making the annual review and adjustment of reimbursement levels for physician and dental services under Medi-Cal, to use the federal Medicare program as a model.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 14079.8 is added to the Welfare and **Institutions Code, to read:**

14079.8. In making the annual review and adjustment of reimbursement levels for physician and dental services under Medi-Cal pursuant to Section 14079, the director shall use the federal Medicare program as a model.

SECTION 1. Chapter 3.5 (commencing with Section 127610) is added to Part 2 of Division 107 of the Health and Safety Code, to read:

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CHAPTER 3.5. HEALTH CARE PROVIDER BILLING PROCEDURES

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127610. (a) In addition to any requirements imposed pursuant to Chapter 3 (commencing with Section 127575), a health care provider that submits a bill to a patient for medical services rendered, shall ensure that the bill includes an itemized list of all charges that is understandable at the eighth grade reading level.

(b) "Health care provider," as used in this section, means any 20 person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, or 22 licensed pursuant to the Osteopathic Initiative Act, or the Chiropractic Initiative Act, and any clinic, health dispensary, or health facility, licensed pursuant to Division 2 (commencing with *Section* 1200).

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